Effective date Jan 27, 2014

HOSPITAL STATEMENT OF COST

South Dakota Department of Social Services

This form is authorized by SDCL 28-13, and hospitals are required to file the completed form with the Department of Social

Name of Hospital:	Avera St. Luke's	RECEIVED
Address:	305 South State Street Aberdeen, SD 57402-4450	DEC 5 8 5012
Period covered by statement:	From July 1, 2012 To June 30, 2013	PROVIDER AND AUDITS
		THE WALL

NOTE: SDCL 28-13-28. A hospital may avail itself of the provisions of this chapter for purposes of determining payment for hospitalization of a medically indigent person only if the hospital has filed a detailed statement of costs with the secretary of social services in the form prescribed by the secretary. The statement of costs shall compute and set forth the ratios of costs to charges for the hospital's fiscal year covered by the statement of costs. The statement of costs shall be filed with the secretary at least annually, unless such period is extended or otherwise provided by the secretary, but a hospital may file a detailed statement of costs or amendments to such a statement once every six months.

NOTE: SDCL 28-13-31. No statement of costs, or amendment thereto, may take effect until approved by the secretary of social services and the expiration of thirty days from the filing thereof, and thereafter, for purposes of this chapter, shall remain in full force and effect until the next statement of costs, or amendment thereto, filed by the hospital pursuant to 28-13-28 is approved by the secretary. Any such statement of costs, or amendments thereto, shall be a public record and be available for inspection at any time in behalf of any board of county commissioners.

	California A Const	Column B - Charges	Ratio of Cost to Charges
DEPARTMENTAL	Column A - Cost	(Per Medicare Cost Report)	Column A Divided by Column B
LISTING	(Per Medicare Cost Report)	(Per Medicare Cost Report)	Column A Divided by Column B
			
INPATIENT ROUTINE	Supposition of State (State (S		0.590022
SERVICE	11,804,850	\$0.00%;64	0.330022
			<u></u>
NURSING CARE		action regions (N. C.	0.844212
Nursing Facility-Skilled	5,621,627.		1.048553
Nursing Facility-non-skilled			0.398075
Psych Unit	M086075909	শ্বন্ধ হাই চ	
Rehab Unit	1,404,416	1,672,375	0.839773
SPECIAL CARE	\[0.500.5
Intensive Care Unit	3,047,379	(5:574.798	0.546635
			0.0000
NURSERY CARE			0.840914
	67,880,186	229,172,196	0.296197
ANCILLARY SERVICE	79,696,225	-242,731,251	-0.328331
			4 02 4 724
HOME HEALTH			1.034731
			0.500005
HOSPICE	1,257,193	2,328,977	0.539805
			<u> </u>
OBSERVATION BEDS			0.524476